

**County of San Diego, Health and Human Services Agency (HHSa)**  
**Low Income Health Program (LIHP) and County Medical Services (CMS) Program**  
**(Including Ryan White and Mental Health sites)**

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**Provider Information**

**A. Contracting Parent Clinic Information**

Name of Parent Contracting Entity: \_\_\_\_\_

Parent Site Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ NPI #: \_\_\_\_\_

**B. Clinic Site(s) Information**

Name of Clinic Site: \_\_\_\_\_

Clinic Site Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Clinic Site Main Telephone #: \_\_\_\_\_ Clinic Site Appointment Telephone #: \_\_\_\_\_

Clinic Site Main Fax #: \_\_\_\_\_

Will this site bill under the Parent Contracting Entity? ☐ Yes ☐ No If no, please list the individual NPI# below.

Clinic Site Individual NPI#: \_\_\_\_\_

Name of Clinic Site: \_\_\_\_\_

Clinic Site Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Clinic Site Main Telephone #: \_\_\_\_\_ Clinic Site Appointment Telephone #: \_\_\_\_\_

Clinic Site Main Fax #: \_\_\_\_\_

Will this site bill under the Parent Contracting Entity? ☐ Yes ☐ No If no, please list the individual NPI# below.

Clinic Site Individual NPI#: \_\_\_\_\_

Name of Clinic Site: \_\_\_\_\_

Clinic Site Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Clinic Site Main Telephone #: \_\_\_\_\_ Clinic Site Appointment Telephone #: \_\_\_\_\_

Clinic Site Main Fax #: \_\_\_\_\_

Will this site bill under the Parent Contracting Entity? ☐ Yes ☐ No If no, please list the individual NPI# below.

Clinic Site Individual NPI#: \_\_\_\_\_

### C. Physician and Clinician Information

Physicians and Clinicians (please include copies of license and DEA certificates with this questionnaire)

Name	Licensure MD, DDS, NP, PA, LCSW, MSW, MFT, Ph. D., Psy D,	License Number	DEA Number	NPI # (Individual)	Start Date	Board Certified?	Specialty
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	

Before submitting this application, be sure the application is complete. Email all documents to the Administrative Services Manager at [cindy\\_bush@uhc.com](mailto:cindy_bush@uhc.com) when complete.

Questions? Call (858) 495-1373

Thank you.